

TRICARE Pharmacy Program Medical Necessity Form for Nasal Allergy Drugs

Nasal Corticosteroids



5544

This form applies to the TRICARE Pharmacy Program (TPharm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- **Flunisolide (Nasarel and generics), fluticasone propionate (Flonase and generics), and mometasone (Nasonex)** are the formulary nasal corticosteroids on the DoD Uniform Formulary. **Beclomethasone (Beconase AQ), budesonide (Rhinocort Aqua), ciclesonide (Omnaris), fluticasone furoate (Veramyst), and triamcinolone (Nasacort AQ)** are non-formulary, but available to most beneficiaries at a \$22 cost share.
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain nonformulary medications at the \$22 non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication instead of a *formulary medication* is medically necessary. If a non-formulary medication is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary cost share.
- TRICARE will not cover a non-formulary medication for Active duty service members unless it is determined to be medically necessary *instead of a formulary medication*, in which case it will be available to Active duty service members at no cost share.

MAIL ORDER and RETAIL	<ul style="list-style-type: none">• The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477• The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TpharmPA@express-scripts.com	MTF	<ul style="list-style-type: none">• Non-formulary medications are available at MTFs only if both of the following are met:<ul style="list-style-type: none">▪ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.▪ The non-formulary medication is determined to be medically necessary.• Please contact your local MTF for more information. There are no cost shares at MTFs.

There is no expiration date for approved medical necessity determinations.

Step 1

Please complete patient and physician information (Please Print)

Patient Name:	Physician Name:
Address:	Address:
Sponsor ID#	Phone #:
Date of Birth:	Secure Fax #:

Step 2

1. Please indicate which medication is being requested:

- | | | |
|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Beconase AQ | <input type="checkbox"/> Omnaris | <input type="checkbox"/> Veramyst |
| <input type="checkbox"/> Nasacort AQ | <input type="checkbox"/> Rhinocort Aqua | |

2. Please explain why the patient cannot be treated with any of the formulary medications:
Please indicate which of the reasons below (1-3) applies to each of the formulary medications listed in the table.
You **MUST** circle a reason AND supply a written clinical explanation specific for EACH formulary medication.

Formulary Alternative	Reason	Clinical Explanation
Flunisolide (Nasarel, generics)	1 2 3	
Fluticasone propionate (Flonase, generics)	1 2 3	
Mometasone (Nasonex)	1 2 3	

1. Use of the formulary medication is contraindicated (e.g., due to a hypersensitivity reaction).
2. The patient has experienced significant adverse effects from the formulary medication (e.g. persistent epistaxis, pharyngitis, or significant nasal irritation).
3. Use of the formulary medication has resulted or is likely to result in therapeutic failure.

Step 3

I certify that the above is correct to the best of my knowledge (Please sign and date):

Prescriber Signature

Date